

Complaint Data



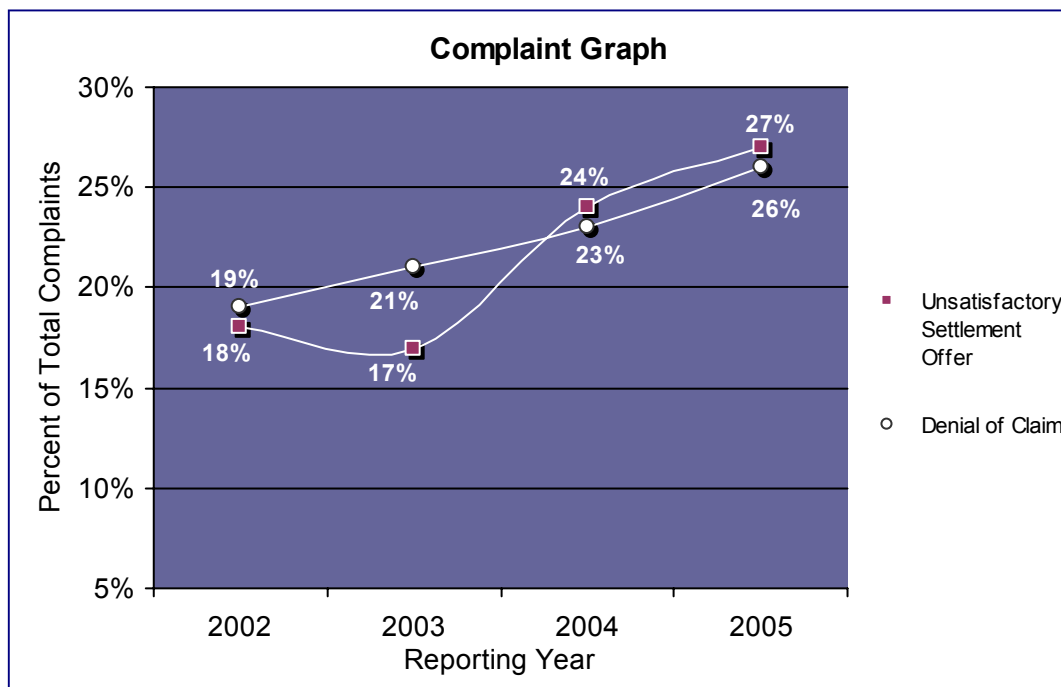
The following section contains an analysis of state-wide information collected by the Texas Department of Insurance.

HMO Complaint Data

The tables and charts shown in this section provide you with important information regarding the number and type of complaints against HMOs that have been registered with the Texas Department of Insurance (TDI) by medical providers, patients and others.

Most Common Reasons for Complaint

Although the total number of complaints filed has decreased, the most common reasons for complaint continue to be **UNSATISFACTORY SETTLEMENT OFFER (27%)** and **DENIAL OF CLAIM (26%)**.

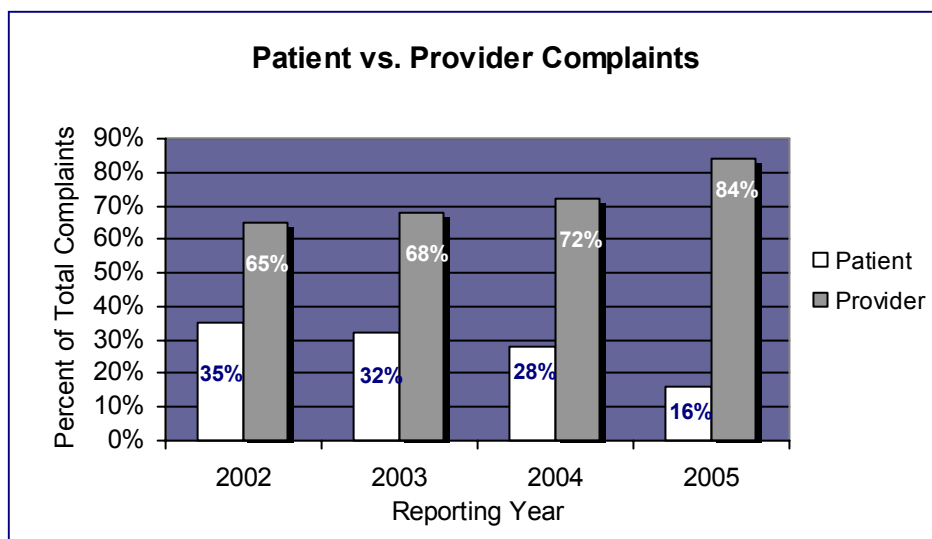


Most Common Reasons for Complaint		2002	2003	2004	2005
Delays in Claims Handling	Provider and patient complaints about lack of timeliness in which claims are handled	33%	35%	25%	26%
Denial of Claim	Provider and patient complaints related to denial of coverage for health care service	19%	21%	23%	26%
Un satisfactory Settlement Offer	Often relates to health care providers dissatisfied with HMO compensation for services	18%	17%	24%	27%
Balance Billing	Inappropriate billing of the patient for charges the HMO is expected to pay	6%	4%	4%	2%
Access to Care	Usually related to HMO gate keeping functions or internal bureaucracy	3%	3%	2%	2%

Source: Texas Department of Insurance; July 1, 2001 to June 30, 2005

Patient vs. Provider Complaints

The number of complaints filed by both providers and patients has not changed for the 2005 reporting year. However, an analysis of the prior four reporting years continues to indicate an increase in the percentage of complaints filed by providers (includes doctors, hospitals and other health care contracted and non-contracted providers).



Source: Texas Department of Insurance
2002 - 2005

How does your plan compare to the others?

The charts and tables that follow will help you determine how your HMO plan compares to others in Texas in terms of the number of complaints (patient, provider and combined) filed with the TDI per 10,000 members enrolled in the plan. Unlike the customer survey portion of this report, the complaint data is reported at the state-wide level. HMOs are grouped together depending on whether their enrollment was above or below 50,000 members.

Explanatory Notes

Disposition

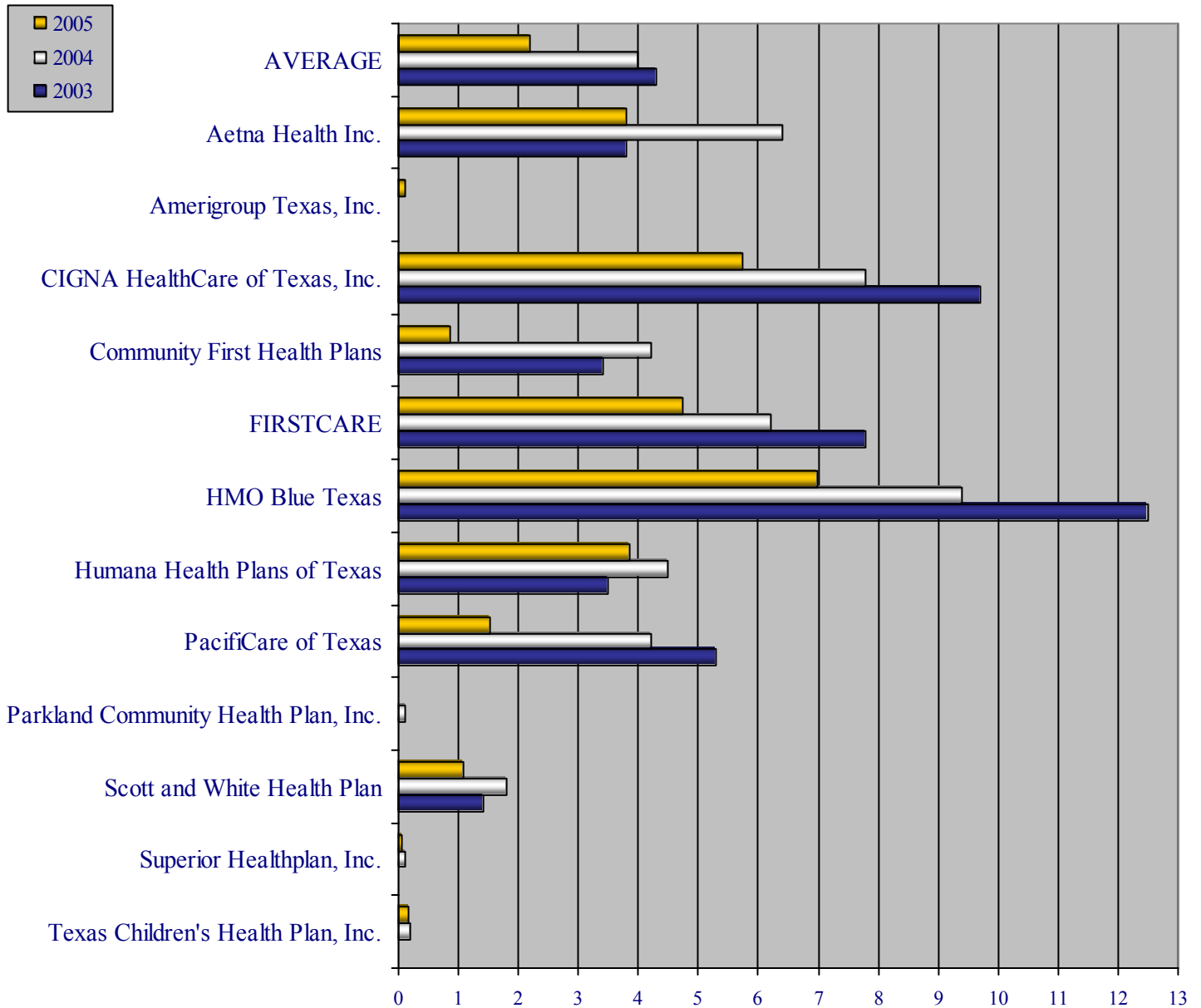
Closed complaints against HMOs are reported regardless of whether TDI determines the complaint justified or unjustified.

Verification

The Office of Public Insurance Counsel does not audit or otherwise attempt to verify the accuracy of the complaint or enrollment data used in this section of the report.

Patient* Complaints Per 10,000 Enrollees

HMOs With More than 50,000 Enrollees

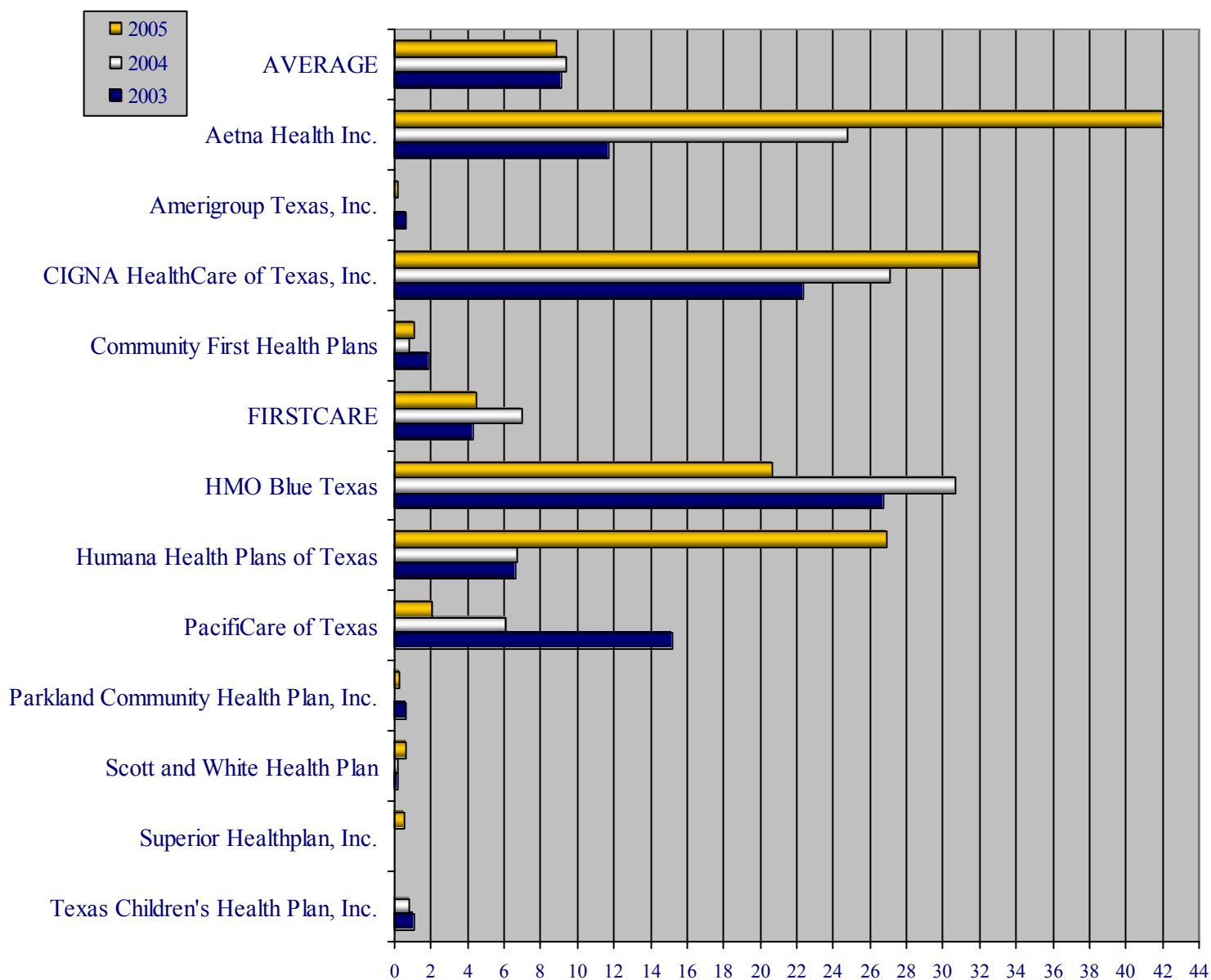


Source: Texas Department of Insurance
July 1, 2002 – June 30, 2005

* Includes complaints filed on behalf of patient by others.

Health Care Provider* Complaints Per 10,000 Enrollees

HMOs With More than 50,000 Enrollees

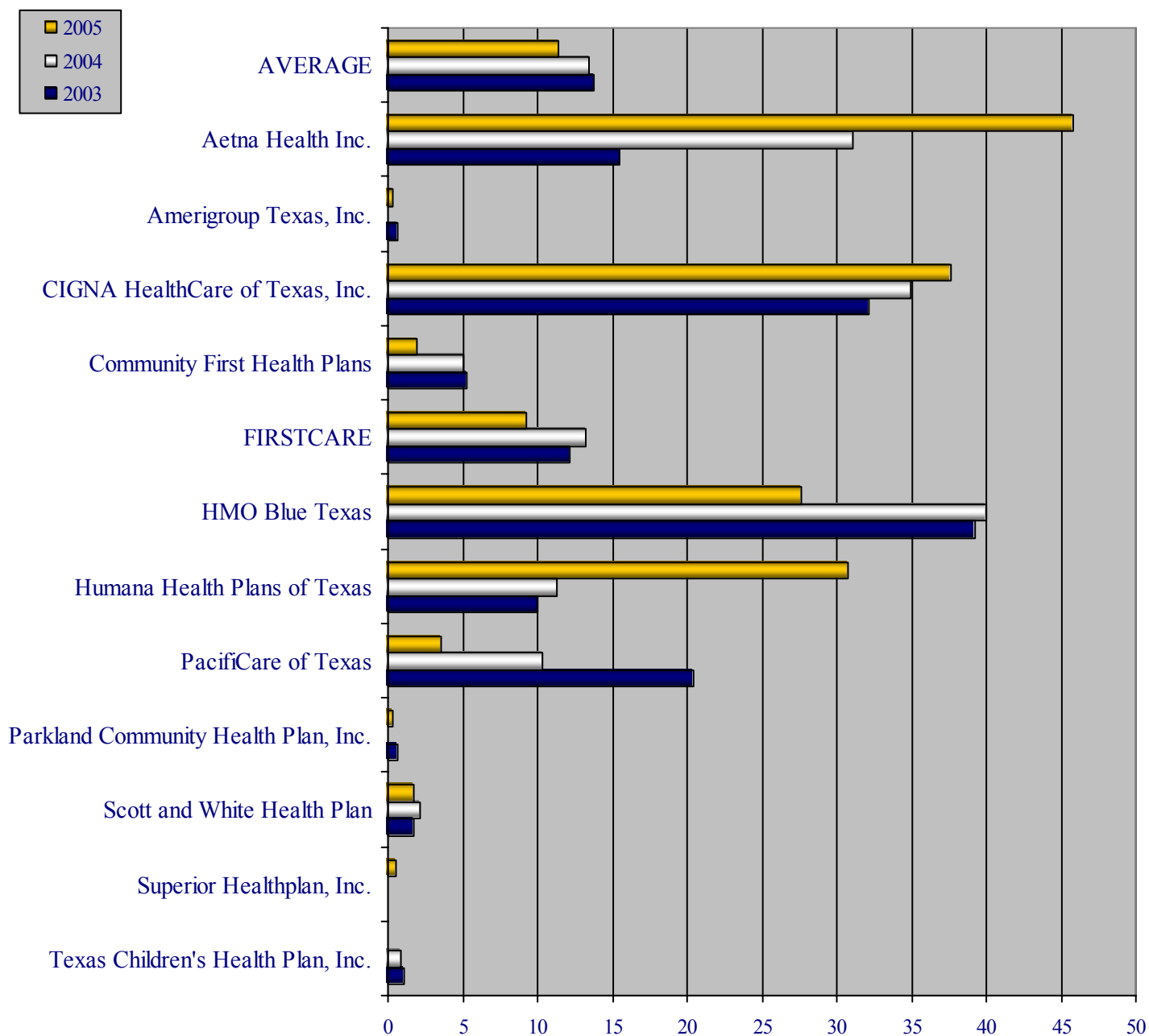


Source: Texas Department of Insurance
July 1, 2002 – June 30, 2005

* Includes doctors, hospitals, contracted and non-contracted providers.

Combined (Patient/Provider) Complaints Per 10,000 Enrollees

HMOs With More than 50,000 Enrollees



Source: Texas Department of Insurance
July 1, 2002 – June 30, 2005

Total Complaint Data*

July 1, 2004—June 30, 2005

Basic Service HMOs With Enrollment Above 50,000

	Ending Enrollment Dec. 31, 2004	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Aetna Health Inc.	330,511	1,388	126	1,514	42.0	3.8	45.8
Amerigroup Texas, Inc.	393,916	8	4	12	0.2	0.1	0.3
CIGNA HealthCare of Texas, Inc.	73,030	233	42	275	31.9	5.8	37.7
Community First Health Plans	82,248	9	7	16	1.1	0.9	2.0
FIRSTCARE	90,864	41	43	84	4.5	4.7	9.2
HMO Blue Texas	270,743	559	189	748	20.7	7.0	27.6
Humana Health Plans of Texas	135,145	364	52	416	26.9	3.9	30.8
PacifiCare of Texas	118,536	24	18	42	2.0	1.5	3.5
Parkland Community Health Plan, Inc.	109,820	3	0	3	0.3	0.0	0.3
Scott and White Health Plan	166,410	11	18	29	0.7	1.1	1.7
Superior Healthplan, Inc.	156,831	8	1	9	0.5	0.1	0.6
Texas Children's Health Plan, Inc.	127,223	0	2	2	0.0	0.2	0.2
TOTAL/AVERAGE BASIC SERVICE¹ (Plans > 50,000 Enrollment)	2,055,277	2,648	502	3,150	8.9	2.2	11.4

* Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. Complaints were counted as follows: a) Owner = HMO, b) Subject of Complaints does not = ERISA, c) Line of Coverage = Group A&H and using a combination of unique complaint ID, reason for complaint, and correspondent. Additional records with the same ID and reason as those already counted are excluded.

Footnotes

¹ Average complaint ratios for plans with enrollment greater than 50,000 are calculated excluding the high and low value in each column.

Total Complaint Data*

July 1, 2004—June 30, 2005

Basic Service HMOs With Enrollment Below 50,000

	Ending Enrollment Dec. 31, 2004	Health Care Provider Complaints	Patient Complaints	Combined (Patient / Provider) Complaints	Health Care Provider Complaints Per 10,000 Enrollment	Patient Complaints Per 10,000 Enrollment	Combined (Patient / Provider) Complaints Per 10,000 Enrollment
Amil International (Texas), Inc.	24,053	406	32	438	168.8	13.3	182.1
Community Health Choice, Inc.	46,694	1	1	2	0.2	0.2	0.4
Cook Children's Health Plan	28,464	2	0	2	0.7	0.0	0.7
El Paso First Health Plans, Inc.	41,554	6	9	15	1.4	2.2	3.6
Great-West Healthcare of Texas, Inc.	12,106	24	3	27	19.8	2.5	22.3
Mercy Health Plans	12,323	6	0	6	4.9	0.0	4.9
Seton Health Plan	16,584	4	2	6	2.4	1.2	3.6
UNICARE Health Plans	21,328	142	12	154	66.6	5.63	72.2
United Healthcare of Texas, Inc.	40,028	205	62	267	51.2	15.5	66.7
UTMB Health Plans, Inc.	28,689	5	0	5	1.7	0.0	1.7
Valley Baptist Health Plan	12,261	8	2	10	6.5	1.6	8.2
TOTAL/MEDIAN BASIC SERVICE¹ (Plans < 50,000 Enrollment)	284,084	809	123	932	4.9	0.2	4.9

* Source data: Texas Department of Insurance ICIS complaint data was downloaded from the Department's website for use in this project. Complaints were counted as follows: a) Owner = HMO, b) Subject of Complaints does not = ERISA, c) Line of Coverage = Group A&H and using a combination of unique complaint ID, reason for complaint, and correspondent. Additional records with the same ID and reason as those already counted are excluded.

Footnotes

¹Overall complaint ratios for plans are based on the median due to the high level of variability among plans.

Appeals and Complaints

If your health plan refuses to pay for health care that you or your physician thinks is necessary or appropriate, you have the right to appeal its decision. When your health plan makes such a refusal, it must also tell you how to use its internal appeals process.

If your appeal is denied, you have the right to request a review by a neutral third party called an Independent Review Organization (IRO). The IRO has 20 days to issue its decision.

If your condition is life threatening, you may go directly to the IRO without using your plan's internal appeals process. The IRO then has 8 days to issue its decision. HMOs are required to pay for the IRO appeal process and comply with the IRO's decision.

You may be able to take legal action against an HMO if you have been harmed by its health care treatment decisions.

Complaints against HMOs may be filed with the Texas Department of Insurance (TDI). Complaints against health care providers should also be directed to the appropriate licensing or enforcement agency.

For more information on independent review or filing complaints (and other patient's rights), contact the TDI's IRO Information Line (888) 834-2476 and Consumer Help Line (800) 252-3439.

IRO Appeals July 1, 2004 to June 30, 2005	Cases	Cases Decided in Favor of HMO	Cases Decided in Favor of Patient / Enrollee	Cases Decided Partially in Favor of Both
Aetna Health Inc.	44	21	20	3
CIGNA HealthCare of Texas, Inc.	15	5	10	0
Community First Health Plans	3	2	1	0
El Paso First Health Plans	2	1	1	0
HMO Blue Texas	1	0	1	0
PacifiCare of Texas	5	5	0	0
Superior Health Plan	8	7	1	0
Texas Children's Health Plan, Inc.	1	1	0	0
UNICARE Health Plans	5	4	1	0
TOTAL	86	47	36	3

